

**FAITH MANOR MISSIONARY APARTMENT**  
**3901 4<sup>th</sup> Avenue**  
**Altoona, PA 16602**

**APPLICATION**

Name: \_\_\_\_\_

Title: (Dr., Rev., Mr., Mrs., Miss, Etc.) \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (Home and or cell number) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mission Field and Ministry: \_\_\_\_\_

Mission Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Church Name and Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Church Pastor: \_\_\_\_\_

\_\_\_\_\_

Home Church Pastor's Address: \_\_\_\_\_  
\_\_\_\_\_

Home Church Pastor's Phone Number: (Home, Office, Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Personal References (Your home Pastor and One Administrative Member of your mission)

Please include address, phone number and e-mail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Arrival: \_\_\_\_\_

Length of Stay Requested: \_\_\_\_\_

Anticipated Date of Departure: \_\_\_\_\_

Number of Persons to stay in the apartment: \_\_\_\_\_

Names and Ages of Persons to stay in the apartment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree with the Faith Baptist Church Statement of Faith? \_\_\_\_\_

Do you agree with the Faith Manor Missionary Apartment Policies? \_\_\_\_\_

Will you be Ministering at any particular Local Church during your stay? \_\_\_\_\_

What is the name of the Local Church you will be ministering in during your stay? \_\_\_\_\_  
\_\_\_\_\_

What is the Pastor's Name, Address, and Phone Number? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not ministering in a particular Local Church during your visit, what Local Church to you intend of attending? \_\_\_\_\_

Please give a brief testimony of your salvation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agreed Amount of Weekly Donation to Faith Manor: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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For office use only:

Date received: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Signature of FBC Staff Member who evaluated the application: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

